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**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**Docket Number (Optional)  
**2451.PCRA.PT**Application Number **10/601,828**Filed **June 23, 2003**For **METAL DIE CUTTING APPARATUS AND METHOD OF FORMING SAME**Art Unit **3724** Examiner **Clark F. Dexter**

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

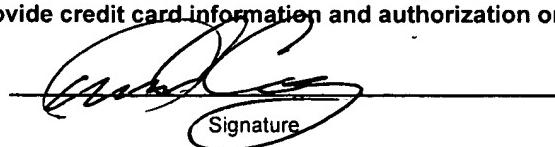
The requested extension and fee are as follows (check time period desired and enter appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ <u>1020</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/> Five Month (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____
 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			06/20/2005 HDEMESS1 00000021 10601828
<input type="checkbox"/> A check in the amount of the fee is enclosed.		01 FC:1253	1020.00 0P
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0881</u> . I have enclosed a duplicate copy of this sheet.			

I am the  applicant/inventor

- assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- attorney or agent of record. Registration Number 40,567
- attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a)\_\_\_\_\_

**WARNING: Information on this form may become public. Credit card information should not be included on this form.**  
**Provide credit card information and authorization on PTO-2038.**



Signature

6-14-05

Date

Frank W. Compagni(801) 478-0071

Typed or printed name

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.  
 Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.